

ASSIGNMENT

Surveyor:

ADRIANDOI: **19/11/2021**Date / Time : **19/11/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **YQ 1322D**Claim No. : **SNM21D206742**Name of Insured : **OCEAN PEARL SHIPPING & SERVICES PTE LTD**Policy No. : **DMCVSNW00100742100**

Insured Tel No. : _____ HP: _____

Make / Model : _____

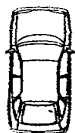
Excess Sec II : \$ _____ D.O.A : **18/11/2021 12:00**Place of Accident : **Near 128 Bukit Merah View**

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : **RAJENDRAN RAJKUMAR**

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SFR 318T**INSRS:
WSP: **XIN HUA
WORKSHOP
PTE LTD**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SFR 318T - CS/INC09007134/T1vn ; 24.12.2008	Non-Reporting ltr (1st):	
	YQ 1322D - NA/CTI21010122/r3 ; 27.09.2021	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐ ☐
		After call ltr to OI:	☐ ☐
		Authorisation To Act:	☐ ☐
		Release Voucher:	☐ ☐
		Final Repair Bill:	☐ ☐
		Car Rental Invoice:	☐ ☐
		Towing Invoice	☐ ☐
	CLAIMANT - KAN ZHI EN JOHNSTON	LTA / GIA :	☐ ☐
	TPV: MB C180 - 1597cc	Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: LS	S\$ 6000.00 (6 days) Reduction: 11402.61 % 66	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: _____ Confirm with KERRY	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 6,420.00 W/GST		
Loss of Rental (LOR):	S\$ 800.00 (8 days) x \$100		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 7.45		
Medical:	S\$	1) Claim status: ☒ Normal/Reject/Private Settle	
Disbursement:	S\$ 100.00 (e.g. ☒ Gov/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$400.00	
Total:	S\$ 7,327.45 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ Name 1: XIN HUA WORKSHOP PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		